FORMS AND INFORMATION REQUEST

Montana Department of Agriculture Organic Certification Program P.O. Box 200201 Helena. MT 59620-0201

Phone: (406) 444-3730 Fax: (406) 444-7336 E-mail: dcrabtree@state.mt.us

Requester's Name: _____ Address: City: _____ State: _____ Zip: _____ Phone: Fax: Email: **Check Appropriate Space(s) for Type(s) of Information Requested:** Please contact the department if you are unsure of the appropriate type of application(s) for your operation. Information Packet (describes organic production and handling, certification rules, procedures, fees and sources of further information) Copy of Montana Organic Statute and Administrative Rules **Crop Producer Application Packet:** \$10 A producer is a person who engages in the business of growing or producing food, fiber, feed, and other agricultural-based consumer products. **Livestock Addendum** (please check if you wish to certify livestock) **Handler Application Packet:** \$10 A handler is any person engaged in the business of handling agricultural products. Handling includes processing, packaging or storage of agricultural products. **Combined Producer/Handler Application Packet:** \$20 If the same business entity will produce **and** handle organic products. **Transaction Documentation Forms:** (Packet of ten pre-numbered forms) \$10 These forms may be used by certified operations to document the certification of products to their buyers. TOTAL: \$ Please attach check made out to Montana Department of Agriculture. Other information, list: Administrative Use Only: Date Payment Received: Date Received: E-mail Other How Received: Mail Phone Fax

Information Sent

Date Sent:

Action Taken:

Date Filed: